

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |            |                  |                                     |                  |     | SMALL ENTITY |                        |      | OTHER THAN OR SMALL ENTITY |                        |
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| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                         | MBER FILED |                  | NUMBER EXTRA                        |                  | ÌΓ  | RATE         | FEE                    |      | RATE                       | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |            | [                |                                     |                  | 1   |              | 375.00                 | OR   |                            | 750.00                 |
| TOTAL CLAIMS 2 minus 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |            |                  | *                                   |                  | 1 } | x\$11=       |                        |      | x\$22=                     | 700.00                 |
| INDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PENDENT CL                                                                                                                                                                                                                                                                                                                                                                                                     | <del></del>                               | 2 .        |                  | *                                   |                  | 1   |              |                        | OR   |                            |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |            |                  |                                     |                  |     | x39=         |                        | OR   | x78=                       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |            |                  |                                     |                  | , r | +125=        | 000                    | OR   | +250=                      |                        |
| and the second of the second o |                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |            |                  |                                     |                  |     | TOTAL        | 375                    | OR   | TOTAL                      |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                   |                                           |            |                  |                                     |                  |     | SMALL ENTITY |                        |      | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | NU<br>PRE        | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |     | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                                                                                                                                                                                                                                                                                                                                                                                          | *                                         | Minus -    | **               |                                     | =                | ] [ | x\$11=       |                        | OR   | x\$22=                     |                        |
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| <b>∀</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                 |                                           |            |                  |                                     |                  |     | +125=        |                        | OR   | +250=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Oaluma 4)                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |            |                  |                                     |                  |     |              |                        | OR , | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)         (Column 2)         (Column 3)           CLAIMS         HIGHEST                                                                                                                                                                                                                                                                                                                              |                                           |            |                  |                                     |                  |     |              |                        |      |                            | I                      |
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| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                               |                                           |            |                  |                                     |                  |     |              | TOTAL OR AD            |      |                            |                        |
| ENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIC<br>NL<br>PRE | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |     | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total                                                                                                                                                                                                                                                                                                                                                                                                          | *                                         | Minus      | **               |                                     | =                |     | x\$11=       |                        | OR   | x\$22=                     |                        |
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| <u>۷</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +125=                                                                                                                                                                                                                                                                                                                                                           |                                           |            |                  |                                     |                  |     |              |                        | OR   | +250=                      |                        |
| *** If t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |            |                  |                                     |                  |     |              |                        |      |                            |                        |